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[See Facing Page 486]

Vol. XXX.

OCTOBER, 1908.

No. 10.

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THE

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VOL. XXX

NASHVILLE, OCTOBER, 1908

NO. 8

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## *Original Communications.*

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### MULTIPLE NEURITIS: WITH REPORT OF A CASE.\*

BY D. R. NEIL, M. D., OF NASHVILLE, TENN.

Since our knowledge of the neuron unit numerous observations show that we have to deal with a spinal nuclear involvement, and even with cerebral cortical disturbance in multiple neuritis rather than a peripheral irritation, the old term peripheral neuritis has become almost obsolete. The conditions found in the nerve trunks are much like those caused by traumatism, except that many axis cylinders are found in a fairly normal condition. The intensity of the toxic agent and the duration of the disease also cause a marked difference in the nerve fibres. It is claimed by some that

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\*Read at regular meeting of Nashville Academy of Medicine, Tuesday, Sept. 8, 1908.

it is possible to detect a difference in the nerve pathology varying with each individual toxic agent. The inflammation extends in all cases from the periphery. In long standing cases there is a thickening of the nerve trunk and occasionally we may notice a nodular enlargement. In a large and increasing number of cases, the conducting tract and cellular parts show an involvement, as for instance: The anterior horn shows marked degeneration in multiple neuritis due to diphtheria, also alcohol. Thiersch and Rosenbach claimed that only a cornual atrophy existed in lead neuritis. Many investigators have insisted that the effect on the brain is purely one of a disturbance in the circulatory system, followed by degenerative changes. On the contrary, many cases show absolutely no change in the brain substance. Church and Peterson claim that polyneuritis is due to a depraved nutrition, caused by pernicious anemia, or systemic poisoning, or both. The most frequent toxic agents are alcohol and lead; in fact, where we have a case of multiple neuritis, we strongly suspect one or the other until it is proven that some other causative agent exists. Occasionally arsenic, mercury, silver, phosphorus, carbon bisulphide, and even ergot long continued may cause such conditions. In Manchester, England, an epidemic of multiple neuritis was traced to the arsenic in the beer. We may have multiple neuritis developing as the result of auto-toxic substances in diabetes, nephritis and in intestinal disturbances. The infectious diseases furnish another cause, as the disease may be found as a complication or sequela of typhoid fever, typhus, erysipelas, the exanthemata, puerperal infection, la grippe, rheumatism and more frequently diphtheria. Syphilis and tuberculosis have occasionally been noted as causative agents and it is in this connection that I shall report the following case, which was, no doubt, due to tuberculosis:

John W., age 22, history negative, except as to tuberculosis. Workman in shoe factory; health began failing two years before the onset of the disease. Slight cough at times; occasional sore throat; loss of flesh and strength very gradual. Able to work up to six months of time of death. Patient had a peculiar fainting attack with some muscular cramps once or twice during the time he was at work. These passed off, leaving some muscular

soreness. Patient's cough increased in severity and the amount of expectoration increased also. The area of lung involvement was noticeable at each examination. After giving up work he had a very violent attack of muscular cramping lasting for six hours or more, after which time the patient was unable to stand at all without support, as each attempt would bring on violent trembling with marked flexion of foot. The patellar reflexes were exaggerated. At this time patient began to complain of a sensation of numbness or pins and needles. Gradually the tremors became less and with this a gradual loss of motion. The patellar reflexes were now abolished and at last complete paralysis of the lower limbs with marked foot drop developed.

About this time we noticed a loss of motion in the upper extremities with marked wrist drop. The patient complained continually of pain in the extremities which increased to such an extent that any slight movement caused terrific suffering—even the bed covers had to be kept up off of the patient. He now became a most pitiable object, suffering intense pain in the extremities, with complete paralysis, bilateral foot and wrist drop, absolutely unable to move except his head. This condition kept up for over three months. Six weeks before death there developed a very angry, ragged ulcer, evidently tubercular in nature on the lower spinal region—not very painful. Coughing increased, with a high temperature, night sweats, a marked extension of the tubercular process in both lungs, and relief in death. We believe this patient had a rather atypical case of multiple neuritis, due to the tubercular infection. As this is a rare etiological factor, we deemed it worthy of report.

We know that tuberculosis is capable of producing a local neuritis by its specific proliferation. We are aware, also, that malaria, leprosy and beri-beri cause cases of this kind. Multiple neuritis rarely occurs before adult life, but when occurring in children, we are able to trace its etiology to some of the infectious diseases. It is in the middle age or old that we find lead and alcoholic cases. Old age would also predispose on account of arterio-sclerosis and atheroma developing, thereby failing to properly nourish the nervous system. Arsenic in beer, used therapeutically by children or given for chorea, may cause trouble.

Alcoholics are usually between thirty and forty, women furnishing the greater number of cases. Men, more frequently, of the rheumatic and toxic variety. Occasionally we have a combination of causes; for instance, the constant alcoholic stimulation of the tubercular patient. The symptoms in this disease develop in a symmetrical way as a rule. Occasionally they develop unilateral, and after a time the opposite side shows a similar involvement. The two sides may show alternate exacerbations. Lead most frequently affects the upper extremities, alcohol the lower. In some cases the predominating symptoms are sensory, and in others motor. In the lower extremities the extensor muscles are first affected, beginning at the distal end. The extensors of the toes, the peroneal muscles and the dorsal flexors of the foot are implicated primarily. In many cases foot drop is complete—in mild cases—the patient cannot raise the toes from the floor while standing on the heel, the toes are bunched and cannot be extended or separated.

A peculiar gait now develops which is characteristic. In order to clear the floor in walking, the thigh is flexed, the leg is then thrown forward with the foot hanging down, the outer border of the foot is depressed and brought down, toe first. We have, in other words, a gait with a high knee action, or as Charcot says, a steppage gait. The shoe of such patient is worn at the toe, due to his inability to entirely clear the ground. The loss of power in mild cases may be slight. In others, paresis develops with absolute loss of power. In many cases marked atrophy of the muscles is shown. In the upper extremities the process begins in the muscles of the hand and forearm. That group of muscles over which the musculo-spiral has control are usually first affected, suffer most and are the last to recover; hence the typical wrist drop. In addition we may have developing the symptoms of the median nerve paralysis, the claw or ape hand. In rare cases the deltoid, the biceps, the long supinator, spinati and short supinator suffer first, but ordinarily they become involved after the hand and forearm. Church seems to think this peculiar grouping of paretic muscles is positive evidence of the nuclear character of the lesion. The trunk muscles are occasionally involved, but not until after the muscles of the extremities have

been affected for a long period. The muscles of the neck and face are rarely involved. Muscular atrophy is a very prominent feature in all cases of polyneuritis, becoming so extreme as to leave little else than skin and bones. The graceful curves of the muscle have disappeared and extreme weakness supervenes. The lack of muscular co-ordination or trembling or clumsiness are early noticed, especially in the finer movements of the hand. The apparent ataxia in the lower extremities is due, possibly, to weakness. Cramps in the leg muscles develop on quick movements or exertion after rest. Contractures may give our patient a deal of trouble and we should look to these carefully. If neglected the foot drop becomes a fixture, and similar conditions may develop in other joints.

The cutaneous reflexes may be normal, diminished or absent. The tendon reflexes are always diminished or abolished, but, of course, only in the muscles that suffer. The knee jerk may be present, while the Achilles jerk may be absent. The reflexes governing the bladder and rectum are rarely impaired. Sensory symptoms are usually first to appear, last to disappear and cause the patient more worry and distress than any other. Popoff declares that a reduced faradic reaction is earlier and claims to have diagnosed cases by the diminished knee jerk before parasthesia was noticed. Patients usually complain first of a sensation of tingling, numbness, pins and needles, coldness, heat, or crawling sensations in the extremities. As a rule the disturbances, when established, gradually change either for better or worse. The progress in the extremities is gradually upward, not going higher, however, than the elbows or knees, except in a very few cases. In very rare instances the face may suffer. As the disease progresses we may have exacerbations, marked by crisis, at which time the patient suffers intensely. Marked hyperesthesia and tenderness develop, showing that the patient is unable to bear anything to come in contact with the skin. Later the symptoms of anesthesia develop and where heretofore we had intense hyperesthesia, we have marked anesthesia. Alcohol and la grippe, especially, develop sensory symptoms, while lead and diphtheria develop motor symptoms. The mental condition suffers in cases of long standing.



## WHEN TO AMPUTATE THE INJURED.\*

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BY EDWARD DEMOSS, M. D., OF NASHVILLE, TENN.

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As shock is a frequent and most serious result of injuries that demand operative treatment, the question necessarily arises as to what is the most opportune time for the performance of the operation. With very few exceptions writers on surgery condemn amputation during shock. However, Larrey, whose scientific reputation is regarded so highly by eminent authorities, says: "I have lost a great number of shoulder amputations, although operated upon during the first twenty-four hours, yet the operation was performed too late." Dubois states that "American surgeons amputated at once and lost but few, but the French delayed and lost many." On the other hand Robert Cowan opposes immediate operation in cases of injury, he believing that the patient should thoroughly react from shock before the operation is undertaken. Also DaCosta and others deem it unwise to amputate during shock.

By shock is meant that extreme functional depression involving, first, the nervous system; and, second, in consequence of, and in conjunction with it, open or concealed hemorrhage, making its impression on the circulatory system. While in childhood and old age, shock is most marked, children recover most rapidly from its effects. With the marked nervous depression, cardiac weakness is its most prominent feature. It is now pretty well established as a rule, that none but imperatively demanded operative procedures, such as the control of hemorrhage, or the relief of some condition having a marked influence on the continuation of shock, should be resorted to during its existence.

"When to amputate" is a question of the highest import, and will be answered most satisfactorily by the experience and good judgment of the surgeon. On this and asepsis properly carried out will in many cases depend a successful issue, especially in railroad and other severe contused and lacerated traumatisms, and each case will present conditions which alone will govern it. Some

\*Read at meeting of Nashville Academy of Medicine.

individuals seem far more susceptible to shock than others, and the nature of the injury will also have its special effect. In some instances we will find that the best time to amputate is within three or four hours after the injury, as reaction begins to develop, when the system is on the upward incline after a moderate degree of shock, not waiting until complete reaction has been established; and again, in some severe injuries, the character of the torn and bruised nerves and tissues and their condition may to a great extent prevent the full development of reaction, and we will find that after anesthesia, preferably by ether, is commenced, that reaction will steadily progress, and the clean cut of the catlin or bistoury will have a less depressing effect than to have the torn and bruised tissues remain.

The cases severely shocked, almost moribund, having lost much blood, with rapid and weak pulse, the volume of pulse being more important than rapidity or slowness, temperature sub-normal, suspirious breathing, hurried and shallow, drenched in cold clammy perspiration, delirious and rolling and tossing, anxious and pinched expression, cold extremities, nausea and sometimes vomiting, pupils dilated, and involuntary action of bowels and kidneys, may require a delay of twenty-four hours or even longer before it will be safe to amputate. They should be put to bed, surrounded with hot-water bottles, hemorrhage controlled by tourniquet or otherwise, and the injury dressed temporarily, but antiseptically—that is shaved, washed with green soap and alcohol, towels wet in hot bi-chloride solution applied to the wounded region, the head of the bed lowered ten or twelve inches, hypodermoclysis of saline solution, hypodermatics of strychnia, and morphia with atropine to subdue pain, and hot black coffee administered by rectum. According to Hare, the atropine in addition to its effect on the respiratory function stops the leakage from the skin. Lowering the head is of paramount importance, and is more effective than the repeated administration of stimulants, and not so harmful.

With these grave indications, the condition being rather one of collapse than shock, it will be disastrous to amputate unless we can get some degree of reaction. This we can usually do by the measures suggested; however, if the reaction is once well on the

way, and we find that the pulse becomes stronger, fuller, with a few inhalations of ether, it may be pushed farther, and in some cases we will find that under the anesthetic, and a rapid removal of a badly crushed limb, the reaction will be complete.

With reaction from shock the patient loses his dull apathetic appearance, may ask questions as to his condition, the cold perspiration disappears, the respiration becomes fuller, deeper and more regular, the pulse gains in volume and may decrease in rapidity, slight color comes to the cheek and lips, the eyes are less sunken and the face is not so pinched, he may show some restlessness and a desire to change his position; with a steady progress along these lines, the temperature gets above the normal, the pulse becomes full and strong, a flush comes to the cheeks, restlessness is increased, pain becomes more manifest, and reaction is fully established.

In some injuries the irritation may be so great that reaction may be greatly delayed or even prevented, or the patient may oscillate between a slight degree of reaction and an aggravation of the condition of shock.

I shall not attempt in this short paper to go into a discussion of primary, intermediate, or secondary amputations, but will conclude with the following "summary" and a brief report of two cases.

*Summary*—Recently injured limbs demanding primary amputation can be divided into two groups. 1. Those whose general condition is good, the symptoms of shock slight, and in whom the loss of blood has been limited. Amputation may be done in such cases in two, three or four hours after injury.

2. Cases severely shocked belong to the second group, and if the efforts to bring about reaction are futile, the operation will be fatal. However, if reaction begins to develop, it may improve and become complete or satisfactory under anesthesia by ether and a reasonable rapid amputation. Fowler says that "amputation should be performed as soon as the patient reacts sufficiently from the shock to bear the anesthetic." In my observation, if reaction has commenced in severe injuries, it will increase under ether.

Case 1. A young man was brought into hospital who had been

run down by a train, receiving a severe mangling and mutilation of the leg, having all the symptoms of severe shock. Deeming it unwise to operate until some indications of reaction appeared, hemorrhage was controlled by a tourniquet, he was placed in bed and a bichloride dressing applied as above stated. It was not until the next morning that reaction came on, and the limb was removed, he making an uninterrupted recovery, leaving the hospital in three weeks.

Case 2. We have now in our care a section hand, aged 35, who fell between the cars in an attempt to cross the coupling, the wheels passing over the left shoulder, crushing the joint, breaking three ribs, tearing off some of the muscles of the left side of the chest, and severing the right hand. When first seen he had all the symptoms of severe shock, but under the measures we have recited, ten hours after receipt of the injury reaction had slightly commenced. He was placed on the table and anesthetized, reaction becoming more marked. Both limbs were amputated simultaneously, getting him off the table within twenty minutes, although in a weakened condition. The stimulation and saline infusion were continued, complete reaction came on slowly, and he is now in a fair way for recovery.

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### DIAGNOSIS UNDER ARTIFICIAL LIGHT—ITS DIFFICULTIES AND A SOLUTION OF THE PROBLEM.

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BY A. CRESSY MORRISON, OF CHICAGO, ILL.

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Most physicians recognize the difficulty of accurately judging the condition of tissues by means of artificial illuminants. The difficulty has, however, usually been accepted as inevitable. Until recently, no artificial illuminant has been known which has the balanced spectrum of sunlight, and so, where diagnosis has been necessary by means of artificial illuminants, the physician has done the best he could, occasionally correcting his opinion after a verification of the examination by daylight.

The eye, through all ages, has adapted itself to see by daylight. Its evolution has been wrought in harmony with the solar spectrum. The seven colors of the solar spectrum have given

intensity; combined, they make white light. All artificial illuminants, save acetylene alone, have an excess of one color or another. City gas light has an excess of red, kerosene an excess of yellow and red, the Welsbach burner an excess of green, the arc light an excess of violet, the incandescent an excess of orange and red. Acetylene, on the other hand, has the seven colors in such intensity that compared with sunlight, the difference is negligible. The excess of one color or another in artificial illuminants upsets the judgment of the physician, and is bound to have an effect upon the validity of a diagnosis. If the eye has adjusted itself to see best by daylight, then, under daylight, colors have their normal values, and the mind, trained and adjusted to base its conclusions upon what the eye reports, can only with the greatest difficulty make the proper additions and deductions that an accurate conclusion may be reached. How can the mind say to the eye, which reports accurately what it sees, "You are deceived. The light by which you see that tissue is a distorted light. Therefore the color you report is not the real color of the object as seen by daylight. It is not so red as you say it is. Therefore the inflammation is not so bad, therefore the case is not so serious."

We seldom think of it, but there is literally no color. The blue sky is not blue, but light makes it appear so. Light, falling upon particles of matter, is diffused, but space, where there is no matter which will hold light, is absolutely black. The silver moon is matter, and this matter reflects the light of the sun to us. Therefore, the moon is visible. The green grass reflects to our eye the green rays which come to it from the sun. Speaking broadly, if it could not reflect the green rays and could not reflect any other, the grass would be black. Color, therefore, does not exist except as the waves of light are thrown back into the eye from the object upon which we look. Waves of a certain length have a certain color. The slowest rays are red, and the quickest visible rays are violet. If an object absorbs and neutralizes all the rays or waves except the very long ones, and these are thrown back to us, we say the object is red. All light and color and every wave has ceased but red. The application of this to diagnosis must be immediately apparent. If a tissue is examined

under city gas light, in which the spectrum shows that there is a large excess of red rays, then a tissue, which in daylight would be normal, would, under gas light, appear to be much redder than it really is. The eye accurately reports the excess of red color, and as inflammation increases the ability of a tissue to reflect red rays, the mind instantly says the tissue is inflamed, while, as a matter of fact, it is not the tissue which is inflamed, but to put it in a curious way, it is the light which is inflamed. It has an excess of red. If a physician is examining tissues under a green light, the tissues have an abnormal and ghastly appearance. Green light, if thrown upon a red surface in sufficient purity, leaves the red without light; therefore, the red appears black. If green rays fall upon a surface which in daylight would be red, the surface cannot respond; therefore, it has no color, and, in the absence of color, it is black.

It is unnecessary to go further in this line of thought, as physicians are already fully aware of the difficulties of proper diagnosis with artificial light. There are, however, some phases of the subject which are not always given consideration. In the case of an examination of the blood to discover an anaemic condition, it should be remembered that, if examination under artificial illuminants is made, with an illuminant giving an excess of red, the condition of the blood appears much better than it really is, and under an illuminant which is deficient in red, the apparent condition of the blood is much worse than it really is.

So important is accurate judgment to the physician and the surgeon that the adoption of acetylene, which is really daylight at night, in the operating rooms of hospitals is almost a necessity. The spectral similarity between acetylene and sunlight has only been recently brought to the attention of physicians, and its advantages were immediately recognized.

The ordinary portable lights like a house lamp, with a suitable reflector, have been adopted and brought into use by physicians who have seen the necessity of acetylene. As a matter of fact, small acetylene lamps of a portable character are in use in fifty-four out of the sixty public hospitals in New York City. The most eminent physicians connected with these hospitals have spoken of the value of acetylene in the highest terms. The inves-

tigation of the matter went no further than New York City, but the large proportion of hospitals in which acetylene is appreciated and in constant use was a surprise to the writer. These minor units do not meet the full requirements of the case. They are convenient because they are movable, and as an accessory to the system of hospital lighting have been proved valuable. There should, however, be in every hospital operating room a complete system of acetylene illumination, proper reflectors should be provided, and whether the source of acetylene should be the modern house generator or cylinders, which are now used so extensively in railroad illumination, is a question which would be decided by local conditions. A perfect light for emergency operations at night is a desideratum of primary importance, and there should be no hesitation in working out a plan by which the hospital operating room should be given this nearest approach to daylight at night.

Acetylene is within the reach of every physician, and especially those in the country, as an individual household generator is now made by manufacturers in almost every city, which will produce acetylene for lighting an entire house, at a cost, candle power for candle power, which compares favorably with city gas at a dollar per thousand cubic feet. The apparatus and piping are not expensive and can be put into any house without disturbing furniture or walls, by a good plumber in two or three days. Over 150,000 individual installations are now located in country homes throughout the United States, so that its safety and utility are completely demonstrated. Many physicians have adopted acetylene as the common illuminant for their homes, and find it of inestimable value in their practice, and of great benefit to their patients.

Acetylene illumination is already recognized of immense value by dye houses, lithographers, artists and others who require an illuminant which will give them the ability to discriminate closely between different shades and colors, and men of the profession will not be slow to add to their equipment so simple an improvement.

SUMMER DYSENTERY AS IT APPEARS HEREABOUTS,  
ITS TREATMENT, ETC.

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BY C. H. POWELL, A. M., M. D., OF ST. LOUIS, MO.

Case 1. Dysentery in a child aged seven years. I was one very hot day in August summoned to the bedside of little Jimmie McL., who suddenly was compelled to go to bed screaming and crying with his stomach paining him. I found his little features pinched, and lips pursed together, his face very pale and eyes looking hollow and expressionless. His mother stated that the little patient had been complaining of not feeling well for the past twenty-four hours and she noticed that he slept but very little the night before, and made several trips to the closet. Believing that dysentery after all is brought about by germ activity, the thought occurred to me that if I could give some efficient but mild germicide internally and at the same time could flush out the bowel with the same antiseptic, I would have the key to the situation, accordingly I gave a teaspoonful dose of glyco-thymoline internally every three hours and put about one ounce of glyco-thymoline to the pint of water, with which I flushed out the entire sigmoid flexure of the colon by passing the fluid through a good sized catheter high up into the bowel. An immediate improvement at once manifested itself, the pulse became perceptibly stronger, the fever reduced, the little patient become brighter in the face and the case at once changed from a very apparently serious one to one of little importance. A dose of castor oil was given on the second day and the patient made a quick recovery. On the third day all indications of the attack disappeared and the patient made a prompt return to health.

Case 2. Dysentery consecutive to an attack of typhoid fever. This case was very interesting as the prevailing complication that occurred two weeks after an attack of typhoid was attributed by the attending physician to non-healing of the typhoidal ulcerations. The principal symptom was in the nature of diarrhea, with tormina or tenesmus and the passage of some blood. There was a recurrence of the febrile phenomena which was believed by the physician in attendance to be a recurrence of the typhoid. I satisfied myself from the nature of the attack that it was in



reality dysenteric and that it was produced by an error in diet, accordingly I recommended the use of peptonized milk internally as a food, tablespoonful doses of glyco-thymoline in a little water every four hours and wash out the bowels with a solution of about two ounces of glyco-thymoline to the pint, using in this case water just as hot as could be tolerated by the patient. In twenty-four hours the fever was gone, the diarrhea stopped and the bloody discharge became checked. The patient, very much to the surprise of the doctor who was in attendance, was completely relieved of the dysentery phenomena in twenty-four hours and recovery in other directions from that time forward was uneventful.

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### LOTION FOR CONJUNCTIVITIS

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BY Q. CININNATUS SMITH, M. D., OF SAN DIEGO, CAL.

R. Sulpho-carbonate of Soda.....gr. ss.—j.  
 Salicylate of Physostigmine.....gr. 1-100—1-50.  
 Aqua Dest. ....fluidounce j.  
 Ms. ft. Sol.

S. Two or three drops in each inflamed eye, every hour when patient is awake.

Patient's constitutional condition should receive constant, careful attention until the eyes are relieved. The bowels should be moved once or twice each day. The patient should take a good bath every second day; clothing to be comfortable; eat three light meals each day; ripe, fresh fruit being a part of each meal.

Dilute the lotion if it causes more than momentary smarting.

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### A DOCTOR NEEDED.

A young doctor was amused by receiving the following from an old college friend:

"Dear Doc: My mother-in-law is very ill. We think she is at the gate of death. Can't you come and pull her through? Sincerely, JACK."—*J. H. E., in October Lippencott's Magazine.*

## *Abstracts.*

### EXCRETION OF HEXAMETHYLENAMIN (UROTROPIN) IN THE BILE AND PANCREATIC JUICE.\*

S. J. CROWE, JOHNS HOPKINS UNIVERSITY PHARMACOLOGICAL  
LABORATORY.

From a priori considerations Crowe concluded that urotropin, introduced as a urinary antiseptic in 1894 by Nicolaier, should, when given internally, be excreted in the biliary passages and there develop an antiseptic action. He accordingly undertook animal experimentation in this direction, with the following results:

1. Administered by mouth, the remedy is rapidly absorbed and remains in the circulating blood for twenty-four hours. Apparently the maximum concentration in the blood is reached five to eight hours after administration.
2. It is excreted in the bile, pancreatic juice, and directly through the wall of the gall-bladder in dogs.
3. It was found in the saliva and milk of dogs after intravenous injection of one gram.

In view of these experimental findings in animals, it was determined to make a bacteriological and chemical study of the bile obtained from patients with biliary fistula, before and after giving urotropin. In four cases in which gall-bladder operations were done at the Johns Hopkins the remedy was administered, immediately afterwards, in large doses (60 to 75 grains daily). The material aspirated from the sinus before the administration of the drug contained large amounts of various bacteria; that aspirated from the sinus subsequent to the administration of the medicament was entirely free from bacteria, and chemical tests showed the presence of large quantities of urotropin or its decomposition product formaldehyd. In the case of the typhoid bacillus, the rapid disappearance of the organisms was especially evident.

In a case of acute gonorrheal arthritis the medicament was also given, and some hours later the joint was aspirated and pus with-

\*Johns Hopkins Hospital Bulletin, April, 1908.

drawn which, upon chemical test, showed the presence of hexamethylenamin in considerable amount. Cultures proved that the infecting organism was the gonococcus. The dose was raised to 80 grains a day, and four days later cultures from the joint showed a marked decrease in the number of organisms. A third aspiration showed that the coccus had completely disappeared. During this period the clinical condition of the joint improved markedly. The effusion and the acute tenderness rapidly disappeared, but there still remained some periarticular infiltration and limitation of motion. After getting 80 grains daily for 24 days, the patient developed painful and frequent micturition, which, however, immediately ceased on withdrawal of the drug.

From these clinical observations Crowe adds the following conclusions to those he drew from his animal experiments:

The remedy has been demonstrated in the bile, cerebrospinal fluid, synovial fluid, pleural effusion and blood of man.

When given in sufficiently large doses (75 grains per diem) it appears in the bile in quantities which suffice to exercise a decided bactericidal action.

The remedy is probably of efficiency in:

1. Acute infections of the gall-bladder.
2. Convalescence from typhoid fever, as a prophylactic of subsequent gallstone formation and to sterilize the gall-bladder and thus prevent the patient's becoming a chronic bacillus carrier.
3. Before gall-bladder operations, as a prophylactic.

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#### ARHOVIN IN GONORRHEA.

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In the *Muenchen Med. Wochenschrift*, April 21, 1908, Staff Physician, Knauth, surgeon of the Second Train Battalion, published from the Army Post Hospital at Wuerzburg, Germany, "A Contribution to the Internal Use of Arhovin in Acute and Chronic Male Gonorrhea." The many favorable reports regarding arhovin incited him to request permission from the authorities to experiment with the drug. He has in the past year treated twenty-nine cases of gonorrheal diseases with arhovin, *i. e.*, eleven acute gonorrheas, eleven subacute or chronic gonorrheas, and

seven gonorrheal epididymites. The patients received daily four to six arhovin capsules per os, and during the first acute inflammatory stage were kept in bed, on a bland diet—chiefly milk—and with topical ice applications. Only when the discharge had become somewhat more sero-mucous did the patients become ambulant, resuming ordinary diet but without alcohol.

In the chronic forms the patients received the ordinary hospital diet, arhovin being administered in the same dose till the discharge ceased, the urine was clear and free from gonococci, and the inflammatory manifestations from the epididymis had retrogressed.

In all cases, even those with sensitive stomachs, arhovin was well tolerated; disturbances of the digestive organs, which might have been expected from the oily consistency of the remedy, were never complained of. Nor were exanthemas or renal irritations ever observed. Arhovin hence has proved to be wholly harmless.

In the most acute stage the disagreeable and at times distressing symptoms, as urinary tenesmus, burning urination, painful erections, were influenced extraordinarily favorably. They usually became milder in the first night and, at the latest, disappeared definitely after the third day in the hospital. Not only did the first stormy symptoms pass rapidly, but the further course of the process was also almost always visibly shortened. The average length of treatment in the acute cases was 30 days; and in five cases cure ensued within two to three weeks.

The internal arhovin treatment was also successful in chronic forms of gonorrhea; average duration of the disease was forty days, and of the eighteen treated only one suffered a relapse. The others must be considered cured, since they have passed the monthly medical inspections.

Arhovin acts most favorably on the inflammation of the urethral mucosa in the most acute stage, allaying the pain. It shortens the course of the disease and lessens or prevents the dangerous complications.

## *Records, Recollections and Reminiscences.*

### MY RECOLLECTIONS AND REMINISCENCES.

BY EDWIN D. NEWTON, M. D., OF ATHENS, GA.

"The Association of Medical Officers of the Confederate Army and Navy" was originally organized in Atlanta, Ga., May 20 and 21, 1874, and Dr. Samuel Preston Moore (ex-Surgeon-General Confederate Army) was unanimously elected president of the same. At its second meeting in Richmond, Va., first Wednesday, July, 1875, Dr. Moore delivered a thorough and comprehensive address before said "association." Unhappily, this valuable "contribution" has been lost, though every effort has been made to discover the same.

The medical department of the Confederate Army was created by the Secretary of War (Hon. LeRoy Pope Walker) at Montgomery, Ala., and Dr. David Camden DeLeon, an ex-U. S. A. surgeon, was made Surgeon-General. In June, 1861, Dr. Samuel Preston Moore ("ranking" Dr. DeLeon in the U. S. Army) was selected as Surgeon-General, which position he held till the close of the war. Dr. DeLeon died September 3, 1872, at Santa Fe, New Mexico. Dr. Moore, born in Charleston, S. C., 1813, was a medical officer in the U. S. army for twenty-six years and a useful citizen of Richmond, Va., for many years after the war between the States. He died in that city May 31, 1889. At the Memphis reunion General Marcus J. Wright of "the war record's office," Washington, D. C., was requested to furnish a biographical sketch of the late Surgeon-General of the Confederate States Army. Being very much occupied, however, with other literary work, and knowing of the great interest taken by Dr. Samuel E. Lewis in matters relating to the medical and surgical history of the Confederacy, he turned over the accumulated correspondence to him. This biographical sketch of Dr. Moore is before me, and by permission of Dr. Lewis I make the following extracts from the same:

"Taking charge of the office of Surgeon-General Dr. Moore

immediately devoted himself with great energy, patience and ability to the enormous work which he saw before him. The medical men of that day in the South were fully the equals in knowledge and skill of their brothers in the other parts of the country, but all were untrained in military practice. They were physicians in civil life, unskilled in surgery and the conduct of hospitals, save to a very limited extent. To organize an efficient medical corps in such great emergency from unknown and scattered elements became his first care. In this he found much difficulty, from the fact that many of the most capable of the younger physicians, in the ardor of the time, and from various causes, sought distinction in the ranks, and as officers of commands, in the hope of more rapidly acquiring military fame. And as was the case in the other departments, there was in this one, great lack of requisite stores, raw and manufactured, for field and hospital. Severed in every direction from the rest of the world of supplies by powerful armies and fleets; and by the early proclamations of the enemy declaring all medicines and surgical instruments, books and appliances contraband of war, the medical department was constrained to seek in its own forests and fields such substitutes as could be found for the more reliable medicines; and to build and establish laboratories for converting them into pharmaceutical preparations in large quantities; and arrange them in convenient packages for wide distribution and use; to improvise and manufacture by unskilled artisans, and the scanty means at hand, such surgical instruments and appliances as their necessity required and ingenuity could invent, which could not be procured from the so-called underground railroad of the time, the occasional blockade runners, and the success of our brave soldiers in the field in capturing stores from the enemy; and to select appropriate sites and organize hospitals, etc. Such, in part, were the problems which fell to him to solve.

"It has been reliably stated that there were in the scantily clothed and poorly fed Confederate Army and Navy about 1,000 surgeons and 2,000 assistant surgeons, without proper medicines and surgical instruments and appliances to care for an army consisting, from first to last, of 600,000 troops, in deadly warfare with 2,859,132 troops of the United States Army, supplied with

the most modern equipments and arms, the most abundant clothing and food, and all that science and art could furnish in medicine and surgery.

"It is estimated that more than 3,000,000 cases of wounds and disease were cared for by the medical corps of the Confederate Army and Navy during the war. It is also reliably stated that the whole number of Federal prisoners captured by the Confederates and held in southern prisons from first to last was in round numbers 270,000; while the whole number of Confederates captured and held in the Federal prisons was in like round numbers but 220,000; that of the former there were 22,570 deaths, and of the latter 26,436 deaths; a difference in favor of the Confederates of 3,866, notwithstanding the 50,000 excess in our hands. Thus the percentage of deaths in Confederate prisons was about 8.3-10, while that in the Federal prisons was 12, a difference of about 3.7-10 per cent in favor of the Confederates.

"Such, in brief, was the work to which Dr. Moore gave anxious thought and ceaseless labor, and developed and conducted under the most embarrassing and discouraging circumstances to marvelous discipline, efficiency and resourcefulness.

"Under the auspices of the Surgeon-General in August, 1863, a large number of surgeons assembled in the Medical College of Virginia at Richmond, and organized the 'Association of Army and Navy Surgeons of the Confederate States,' by the adoption of a constitution and the election of the following officers:

"Samuel P. Moore, M. D., president; J. B. McCaw, M. D., first vice-president; D. Conrad, M. D., Confederate States Navy, second vice-president; W. A. Davis, M. D., First recording secretary; W. A. Thom, M. D., second recording secretary; M. Michel, M. D., first corresponding secretary; S. Jenkins, M. D., second corresponding secretary, and J. S. Wilson, M. D., treasurer.

"It was also through his aid and encouragement that the excellent '*Confederate States Medical and Surgical Journal*' came into existence, and was conducted to the end of the war; and he directed the preparation of a collection of papers entitled 'A Manual of Military Surgery,' intended more especially for officers in the field, and to treat of but few of the diseases incident to the camp and hospital, reserving only such as are more intimately

connected with gunshot wounds and operations, as shock, tetanus, hospital gangrene, pyæmia, etc. It is accompanied by a careful selection of lithographs of amputations, ligations, resections, etc."

I endorse the statement of Dr. Lewis, "that but very few of the surgeons and assistant surgeons in the Confederate Army taken from civil life were skilled in military surgery and in the conduct of military hospitals." Of my own personal friends amongst our "medical officers" *I knew only three surgeons* who had enjoyed "service" as military surgeons. Dr. Eldridge, of the Brigade of General T. R. R. Cobb, of Georgia; Dr. Holt, of Augusta, Ga., and Dr. St. George Peachy, of Richmond, Va. The latter was a "senior surgeon" in charge of "a ward" in General Hospital No. 1, Richmond. ("The writer" was his assistant surgeon). Dr. Peachy had seen the treatment of the wounded of "The Allies" in the hospital at "Scutari," opposite Constantinople during "the Crimean war." Doctors Eldridge and Holt were surgeons in the opposing Russian army at Sebastopol. *The Manuals of "Military Surgery,"* compiled by Dr. Chisholm, of Charleston, S. C., and Dr. Warren, of North Carolina, were in "the pockets" of our field and hospital surgeons.

It was my good fortune to introduce to military surgery of our army Dr. Nathan R. Smith's anterior wire splint for fractures of the thigh and leg. It was not a case of gun-shot wound, but in a man run over by a commissary wagon just before the first battle of Manassas. Dr. Semmes, a surgeon of the Eighth Louisiana Regiment, had placed the limb in a Desault's apparatus, and he had been brought to Richmond. Having been resident physician at the Baltimore Alms House just before the outbreak of the war, I had been made conversant with this splint. Having made a splint with my own hands in a blacksmith shop, I applied it to this patient in place of the first dressing. The result was most satisfactory, and Dr. Moore appointed a "commission" to examine and report on the same, and which, after its demonstration before this "commission" by me, was adopted and used in the military hospitals of our army. This splint was also used in the Federal army, for the Surgeon-General writes me under date of May 8, 1901: "The Smith's anterior splint referred to by you was on the supply table of the medical department of the U. S.



army from 1861 to 1896, and was issued to medical officers during that period."

Though medicines, surgical instruments and books were unkindly declared "contraband of war," yet Dr. Hunter McGuire, chief surgeon of General Stonewall Jackson's army, and Dr. Cowan, chief surgeon of Forrest's cavalry, made many captures of same from the Federal army. It has been reported that many "a quilted petticoat" containing quinine, morphine and other medicines crossed the Potomac into our army. We were proud of the heroic women of the Confederacy. Through our "blockade runners" we received from Europe limited quantities of chloroform, French brandies, etc., for field and hospital service.

At the second battle of Manassas we captured from Centreville a large quantity of whiskey—"Cozzen's Best," of Washington City.

To protect our soldiers along the Chickahominy and James river and in front of Petersburg from "autumnal fevers," Surgeon-General Moore ordered a large quantity of a tincture of our indigenous plants (roots, barks and leaves). It was a most popular medicine in our Virginia army. It was known by the euphonious name of old "Indig" by our veterans. A hospital attendant from Petersburg once came over to our receiving hospital at Dunlop's Station, asking for "some of the tincture of them indigenous barks which grows in this country." This stimulant and tonic was vastly superior to North Carolina corn whiskey, which at times, from necessity, was utilized in our hospitals.

Nine years after the close of the war between the States, in response to personal correspondence and advertisement in the press, the writer published "a call" for a meeting of the medical officers of the Confederate Army and Navy, at Atlanta, Ga. The object of said meeting was the collection and preservation of all of the important medical and surgical facts developed within the armies of the late Confederate States. We deeply regret not knowing the address of many of the surgeons of the "Army of Tennessee" and those of "The Trans-Mississippi Department." The meetings were in the State capitol building, Atlanta, Ga., May 20 and 21, 1874. To preserve the names of the Confederate surgeons present and to show the prominence of the same, we

reproduce a "synopsis" of our "proceedings" taken from the daily *Atlanta Constitution*:

"Doctor S. H. Stout was elected temporary chairman and Dr. Charles Pinckney temporary secretary.

"Officers of permanent organization elected as follows:

"Surgeon-General, S. P. Moore, President.

"Dr. Henry F. Campbell (Augusta, Ga.). Vice-President-at-Large, with the following additional vice-presidents from the different States:

"Dr. Joseph E. Clagett, Maryland; Dr. Hunter McGuire, Virginia; Dr. W. F. Westmoreland, Georgia; Dr. S. S. Salchwell, North Carolina; Dr. A. M. Talley, South Carolina; Dr. E. A. Holt, Florida; Dr. C. J. Clarke, Alabama; Dr. S. V. D. Hill, Mississippi; Dr. E. S. Drew, Louisiana; Dr. J. N. Hoyden, Texas; Dr. Paul F. Eve, Tennessee; Dr. D. A. Linthicum, Arkansas; Dr. David W. Yandell, Kentucky, and Dr. Lewis F. Pim, Missouri.

"Medical officers of the U. S. Army and Navy who resigned their positions for service in Confederate Army, also vice-presidents-at-large. Officers of the Navy to be requested to co-operate with the officers of the association. Dr. S. H. Stout, of Atlanta, Ga., to be secretary, and Dr. Charles Pinckney, Atlanta, assistant secretary of the convention, and Dr. E. D. Newton, Athens, treasurer. Dr. A. O. Fox, secretary of Committee on Permanent Organization, W. E. Goldsmith, chairman.

"Report unanimously adopted.

"Committee on Business reported that the Association be called 'The Association of Medical Officers of the Confederate Army and Navy.' The object of this Association shall be the collection and preservation of the medical records and statistics of the late Confederate Army and Navy and the collection and publication of biographical notices of deceased members of the late medical staff and the cultivation of social and friendly intercourse. Meetings to be held annually.

Standing committees: On Hospital Service, on Field Service, on Naval Service, on Necrology, on Hygiene, on Miscellaneous Service.

Committee was appointed to prepare a permanent constitution

and by-laws to be submitted at next annual meeting. Next meeting to be held in Richmond, Va., first Wednesday in July, 1875.

Resolution was passed that sketches of the organization and service of the medical officers be prepared as follows:

Dr. J. D. N. Cullen, Army Northern Virginia, Field Service.

Dr. Carrington, Army Northern Virginia, Hospital Service and Organization in Richmond.

Dr. E. A. Flewellen, Army Tennessee, Service Hospital and Field.

Dr. S. H. Stout, Army Tennessee, Organization and Service under his direction in rear of the Army. (To be read next meeting.)

Dr. A. M. Tally to prepare a sketch of "The Army Examining Board."

The following chairmen of committees were announced: Dr. J. S. McCaw, Richmond, Va., on Hospital Service; Dr. David W. Yandell, Louisville, Ky., on Field Service; Dr. W. H. Southwood, Pensacola, Fla., on Naval Service; Dr. J. P. Logan, Atlanta, Ga., on Necrology; Dr. E. D. Newton, Athens, Ga., on Miscellaneous Reports; Dr. W. H. Cummings, Atlanta, Ga., on Hygiene; Dr. S. H. Stout, Atlanta, Ga., on Special Address.

Committee consisting of Dr. E. J. Eldridge, W. S. Sloan and S. M. Bemis appointed to prepare a paper on "Medical and Sanitary History of Andersonville Prison."

Dr. Cumming was requested to prepare a paper on "Vaccination and Its Results as Manifested in the Army," to be read at Richmond. Also that the Committee on Field Service report at next meeting on the results of indigenous remedies in the Confederate Army. Fund was raised to publish minutes of meeting and also the proposed address to ex-surgeons of Confederate Army.

Names of Confederate surgeons handed in to secretary of convention: Dr. W. T. Goldsmith, Atlanta, Ga.; Dr. B. A. Holt, Lake City, Fla.; Dr. W. A. Carswell (resigned surgeon from old U. S. Army), Rome, Ga.; Dr. E. D. Newton, Athens, Ga.; Dr. G. W. Hewell, Opelika, Ala.; Dr. G. G. Crawford, Athens, Ga.; Dr. Henry F. Campbell, Augusta, Ga.; Dr. H. V. M. Miller, Atlanta, Ga.; Dr. W. H. Cummings, Atlanta, Ga.; Dr. W. S.

Armstrong, Atlanta, Ga.; Dr. W. F. Westmoreland, Atlanta, Ga.; Dr. T. K. Mitchell, Lawrenceville, Ga.; Dr. J. J. Knott, Atlanta, Ga.; Dr. E. J. Roach, Atlanta, Ga.; Dr. W. T. DeWitt, Atlanta, Ga.; Dr. J. P. Logan, Atlanta, Ga.; Dr. Robert Battey, Atlanta, Ga.; Dr. J. Hendre, Atlanta, Ga.; Dr. A. G. Emory, Opelika, Ala.; Dr. S. H. Stout, Atlanta, Ga.; Dr. Charles Pinckney, Atlanta, Ga.; Dr. J. W. Oslin, West Point, Ga.; Dr. W. A. Green, Americus, Ga.; Dr. A. F. Houston, Atlanta, Ga.; Dr. W. W. Francis, Jacksonville, Ala.; Dr. Henry L. Wilson, Atlanta, Ga.; Dr. J. H. Logan, Atlanta, Ga.; Dr. F. R. Calhoun, Euharle, Ga.; Dr. James J. Winn, Clayton, Ga.; Dr. W. C. Moore, Atlanta, Ga.

The humanity of our Confederate surgeons, our military and civic leaders to both Confederate and Federals is without a parallel in history proving that we were the most humane people in the world who ever conducted a great war. The Federal wounded at first Manassas were sent to General Hospital No. 1, Richmond, Va., the best hospital of the Confederate Army at that time. At the second battle of Manassas General Lee (through his medical director, Dr. LaFayette Guild, and the headquarter medical staff) paroled 1,998 Federal wounded left on the battle field by General Pope and sent them to the hospitals in Washington City.

By the suggestion of Dr. Hunter McGuire, his chief surgeon, General Jackson released the Federal surgeons and paroled the Federal wounded at Winchester, Va. (campaign against General Banks). General Lee, through Dr. Guild, his medical director (order executed by the writer, a member of his staff), provided "60 days rations" for 700 Federal wounded left at "Burned Ordinary," near Orange C. H. (Grant's campaign).

By an absolute and persistent refusal for an exchange of prisoners President Lincoln, Secretary Stanton and General Grant must ever be responsible for the unhappy conditions at Andersonville prison. "The primary constitution" of the Red Cross Society of Geneva, Switzerland, was fully recognized and placed in practical

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(At Burned Ordinary and Parker's Store, 1,400 wounded—700 Confederate and 799 Federal—order of General Lee declares that not neglecting the Confederate wounded, every possible attention shall be shown the wounded enemy—rations divided. One thousand four hundred rations, sixty days.)

operation by the Confederate leaders during the entire war, but the Federal government did not recognize the same till 1868, three years after the close of the war.

## MEMORANDUM.

(Copy.)

MEDICAL DIRECTOR'S OFFICE,  
Near Battle Field Spotsylvania C. H.  
May 10, 1864.

## SPECIAL ORDER.

Surgeon E. D. Newton, P. A. C. S., will proceed to the field hospitals of the battle field of the Wilderness with subsistence supplies for the wounded left there. These supplies should be distributed judiciously and equally among the hospitals according to the number of wounded in each hospital and their immediate wants. The wounded enemy at these hospitals should not suffer for want of necessary attention if it can possibly be given them.

By order of General Lee.

(Signed) L. GUILD,  
Medical Director A. N. Va.

The surgeons of the Confederate Army were constantly exposed to disease and death in the hospitals and many lost their lives on the battle fields from bullet and shell. We may mention the lofty character enjoyed by our Confederate surgeons—duty, duty, duty was always their “countersign.” Dr. John Fontaine, a peerless Virginia gentleman and medical director of the Cavalry Corps of the A. N. Va., paid the penalty of a fearless discharge of duty in the attempt to reach the side of General John Dunovant, wounded at McDowell’s Farm, near Petersburg, Va. Both died from their wounds. Dr. James McPherson Berrien (an ex-medical officer of the U. S. Army) was one who could not be induced to barter his noble soul for gold. A merchant of Houston, Texas, years ago, informed me that whilst Dr. Berrien was medical purveyor for our army in Texas, he had many opportunities to make an immense fortune (in the supplies purchased for the Confederate government on the Rio Grande), yet he died in moderate financial circumstances, a practitioner of medicine and

surgery at Saltillo, Mexico. Of all of the officers of the Confederate government there was not a single Benedict Arnold. The true hero of the war between the States was the private soldier. He who carried the musket; he who handled the artillery, and he who used the sword and pistol. Making an enlistment he offered his life to the Confederacy to the end. An officer with unpleasant surroundings could resign his position; not so, however, with the private soldier, nor would he desert his flag and country.

With increasing years and increasing feebleness the pensions of our brave men should be increased if not doubled. "How are the wounded?" was the first question of a Confederate general to his surgeon-in-chief after a battle, and this question always embraced the wounded prisoners.

A letter a few days ago informed me that a brother surgeon, Dr. Joseph E. Clagett, of Baltimore, was dead. With this information the writer realized the fact that he is the *only survivor* of the headquarters medical staff of Lee's army. Dr. LaFayette Guild (of Alabama), chief surgeon and medical director A. N. Va., has died in Oakland, Cal; Dr. R. J. Breckenridge (of Kentucky), at Houston, Texas; Dr. J. H. Wingfield (of North Carolina), at Towsontown, Md.; Dr. W. H. Geddings at Aiken, S. C., and Dr. J. C. Herndon, a victim to yellow fever, at Fernandina, Fla. Drs. Moffitt, C. M. Hunter, J. W. Sears, of Virginia, and John DeButts, of Maryland, under Dr. Clagett of "the Receiving and Forwarding Hospital, A. N. Va.," had long since joined "the majority."

May the generations to come—the children and the children's children of those who upheld our flag, "the Stars and Bars"—ever keep in sacred remembrance

Our uncrowned nation of fadeless fame,  
Its escutcheon spotless, its honor without stain.

EDWIN D. NEWTON (A. M., M. D.),

The only surviving member of the Headquarter Medical Staff of the Army of Northern Virginia.

As possessing more than passing interest and containing some historical data, I desire to present the following letters from Dr.

Francis Sorrel, Chief Executive Officer to Surgeon-General Dr. Samuel Preston Moore, Surgeon-General's office, Richmond, Va.:

"THE BARRENS (NEAR) ROANOKE, VA., March 28, 1902.

*"Dr. E. D. Newton.*

"MY DEAR DOCTOR: I am just in receipt of yours of the 22nd inst., and without delay send you a meagre statement of the facts within my knowledge. At the breaking out of the late war I was a member of the California Legislature, in which State I was then residing. On its adjournment late in June, 1861, I made my way to Richmond, Va., where I reported, offering my services in the medical staff of the army. Having served for seven years in the U. S. Army I was immediately appointed a surgeon in the regular army and ordered to report to Surgeon-General S. P. Moore, which I did on the 15th of August. Everything connected with the army was in a state of chaotic confusion—sick and wounded from the recent battle at Manassas arriving in large numbers, while new troops were pouring in from the South, developing, of course, the usual zymotic and camp diseases. I was put to work at once to assist in the organization of the corps and subsequently was given direct charge of the system of general hospitals. With Dr. Moore at this time were Doctors Smith, Williams and Brewer of the old U. S. Army. All of the pavilion hospitals—Camp Winder, Howard Grove and various tobacco factories—were organized under my personal care and superintendence. The following spring I was sent to General Albert Sidney Johnston's headquarters, along the line from Chattanooga to Corinth, in order to organize hospitals in rear of his army, extending to and including nearby towns and cities southward toward the Gulf, so that when the battle of Shiloh came our department was prepared for the heavy calls made upon it. Returning to Richmond, I was given a corps of disabled soldiers as clerks and put in charge of all the general hospitals east of the Mississippi. In my office on Bank street were prepared my volumes of classified and tabulated gun-shot wounds and injuries, which were destroyed by fire at the final evacuation. These records, if preserved, would have proved a noble testimony to the high professional skill and success of our surgeons. Dr. DeLeon was supplanted as Surgeon-General by Dr. Moore a few months

before I entered the Confederate Army, the former resuming his position as a simple surgeon, and at the time of retirement from duty, in July, 1862, was serving as medical director to General Lee's army. He was succeeded by Dr. Guild, also of the old army. I do not recall Dr. Powell (he was medical director of A. P. Hill's corps, Third Army Corps, A. N. Va., Dr. E. D. N.), nor can I give you any information of him. I am almost the only survivor of my day and generation.

"Hailing from California, on entering the Confederate States my position has been somewhat prejudiced in the Association of Veterans by my name not appearing in any of the Southern States. In the volume, "Virginia," of the Confederate Military History, published in Atlanta, you will find a short sketch of my life. To it I refer you. Until eighteen months ago I was happy and contented, blessed with everything that a reasonable man could desire on this earth, but alas! the fell destroyer came and took from my side my dear wife, my loved companion and friend for thirty-six years, and since then I am become but a mere shadow of my former self. Now, my dear Doctor, little used to writing, and suffering from a gouty wrist and hand, it is really a punishment for me to do so. I hope, however, you will find some compensation in what I have written. Should you ever pass this way stop and see me. I live three miles from this city (Roanoke). Telephone communication therewith.

Meanwhile believe me,

Faithfully yours,

(Signed) FRANCIS SORREL.

P. S.—My assistant in preparing records, Dr. Herman Baer, Charleston, S. C., died a few months ago. Dr. J. B. Read, a noble gentleman and skillful surgeon, resides at present in Florida. During the battles around Richmond there were cared for in the hospitals of that city, with its population of only 40,000, over 20,000 sick and wounded. Napoleon, in his campaign of 1814, thought the resources of his capital city were overtaxed when the numbers of his sick and wounded reached 10 per cent of its population.

THE BARRENS (NEAR) ROANOKE, VA.

*Dr. E. D. Newton, Athens, Ga.*

DEAR DOCTOR: Notwithstanding my stiff and inflexible fingers



and a growing dullness of memory, I yield to your entreaties. First, I do not know whom Dr. DeLeon brought with him from Montgomery, Ala., to Richmond, Va., as members of his staff. He was already installed in office at Richmond when Dr. Moore, the ranking officer, arrived and was assigned to duty as Surgeon-General in his stead, Dr. DeLeon accepting some subordinate position. At the beginning of the battles around Richmond, 1862, when General Lee was with the left wing of his army, about to fall on McClellan's right at Mechanicsville, Dr. DeLeon, then his medical director, was thrown from his horse on the battle field and disabled for service. General Lee, in the emergency, requested Dr. LaFayette Guild, who was present, to act as his medical director. Dr. Guild's assignment was made permanent afterwards, and he held the position to the end of the war. My name was mentioned as the successor to Dr. DeLeon. I remonstrated, however, both as an act of justice to my friend, Dr. Guild, and as opposed to my own inclinations, for I preferred the duty with which I was then engaged, Inspector-in-Chief of Hospitals.

Second and Third, when I entered upon my duties at Richmond in the Surgeon General's office, August, 1861, "Charley Smith" was surgeon and chief assistant. There was no such officer as "Assistant Surgeon-General," but he was always so considered and designated. He was a Virginian. His father having been for years "Paymaster" with the rank of "Major" in the U. S. Army. Surgeon Williams, of Cambridge, Md., also formerly of the U. S. Army, and Assistant Surgeon Brewer, likewise of the old army and of Maryland, were on duty in the Surgeon-General's office, and so remained till the end of the war.

Fourth, I cannot recall any "trip" Dr. Moore made to Johnston's army. He may have done so, but if he did I do not recall it. The hypodermic syringe was in constant use as early as the battles around Richmond. I remember that several patients of the Officers Hospital, Dr. J. B. Read in charge, could not be induced to accept a convalescent's "leave" except on being provided with one to take with him.

Fifth, "antiseptics" in the treatment of wounds was little understood, and as such I do not know of their use at all. "Disin-

fectants" were liberally employed, to-wit: The chlorides, permanganate of potash and diluted pyroligneous acid, powdered charcoal, etc., in the dressing of wounds. What a blessing it would have been had Lister developed his knowledge and theory of antiseptic surgery anterior to our war. After the battles around Richmond the air, especially in the stillness of the night, was heavy and nauseating with the odor of pus—laudable pus!—so-called.

Sixth, I can give you no reliable opinion about the percentages of recovery from hip-joint amputation of the leg. There were some, of course, but not many. The single case of successful resection of the knee-joint in either army (C. S. A. and U. S. A.) was at the Officers' Hospital, Richmond, by Dr. J. B. Read, of Savannah, Ga. The subject was a subaltern in a Louisiana regiment, "Reynolds" by name, who was, after the war, traced by the Surgeon-General of the U. S. Army to San Francisco, where he was found engaged as a "purser" of a steamer plying between that city and Panama. He consented to have himself photographed "*in puris naturalibus*" in order to show exactly the nature of the deformity caused (only shortening by four or five inches), and a full notice of his case was afterwards published in an article from that office at Washington. Dr. Read was, I think, our most eminent surgeon, and besides a most lovable man. We commenced our medical studies together at Savannah, Ga., in 1846, both being born in same year, 1827. [Dr. Read died in Florida.—Dr. E. D. N.]

Dr. Warren, of North Carolina, published during the war a little hand book for "Field Surgery." It would interest you should you ever lay hands on the same. Your notices of our old friends and companions of the war elicited my deepest interest. Do you remember Dr. Owen, of Lynchburg, a strikingly handsome man and a great conversationalist? You remember the night he came to see me at the Norvell House, Lynchburg, while you were there on some duty, and how he kept us up the better part of the night. He became greatly distinguished in after years as a surgeon and died several years ago beloved and respected by all. I wish I could be with you in Texas [Dallas meet-

ing.—Dr. E. D. N.], but this is impossible. Meanwhile believe me,

Sincerely yours,

(Signed) F. SORREL.

P. S.—A little incident occurs to me which is worth relating. When "Wirtz," of Andersonville renown, was being tried by his brutal enemies it was discovered that Dr. Joseph Jones, of Augusta, Ga., of our army, had been detailed on duty there, and he was immediately summoned as a witness. It appears that on the surgeon's report as to the prevalence there among the prisoners of "hospital gangrene" Dr. Jones had been sent by orders from my office to visit Andersonville to investigate and report. He was engaged in some new and experimental processes in connection with that most fearful of all complications in hospitals, which from time to time had been received at my office, and which were duly filed with other statistics thus collected. When in Washington he was so alarmed at the temper of the court trying "Wirtz" that he feared he might be implicated in the charge of cruelty to Federal prisoners in view of these experiments. He came at once to my house here, unable to conceal his alarm and anxiety, to ask about these "reports." You may imagine his relief to know that they had been swept away by fire. There was nothing in them, however, under a fair professional interpretation, to incriminate him. He was an eminent chemist, physiologist and pathologist. He died in New Orleans, where he was greatly esteemed for his investigations.

(Signed) "F. S."

The following letter in the original, as it appeared in the *Confederate Veteran*, cut quite a figure at the trial:

ANDERSONVILLE, Sept. 17, 1864.

"Captain Wirz: You will permit Surgeon Jones, who has orders from the Surgeon-General, to visit the sick within the stockade that are under medical treatment. Surgeon Jones is ordered to make certain investigations which may prove useful to his profession.

Very respectfully,

(Signed) "GENERAL WINDER."

At an ordinary distance this looks like an ordinary, harmless order, but in September and October, 1865, it was not viewed

with so much complacency. It was read between the lines to mean something mysteriously dangerous in the highest degree to the perpetuity of the republic and the peace and dignity thereof. (Doesn't it seem fairer to accept the testimony of prisoners, who were there, than that of others?—*Editor Veteran.*)

In concluding these "Recollections and Reminiscences" I beg leave to present the following "farewell letter from Dr. LaFayette Guild, Medical Director A. N. Va., to General R. E. Lee:"

GENERAL:

CITY POINT, VA., May 5, 1865.

We sail to-morrow from Fort Monroe for Mobile, Ala., and before leaving Virginia (probably forever) I cannot withhold an expression of my warm and devoted attachment to you, both personally and officially. Under your guidance the true and good men of "the Army of Northern Virginia" were ever ready to follow, whether our march led to victory or defeat, so well assured were we all that virtue, honor and justice, with a Christian's fear of an Almighty God, were the principles that actuated and inspired your conduct. To belong to General Lee's defeated army is now the proudest boast of a Confederate soldier. Though overwhelmed by superior numbers and forced to surrender, we yet preserve intact our honor as men and soldiers. May the calamity which has befallen us be sanctified to the good of us all, and may the richest blessings of heaven be vouchsafed to our noble commander-in-chief.

I am very respectfully,

Your obedient servant,

(Signed) L. GUILD,

Medical Director A. N. Va.

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THE SEVENTEENTH ANNUAL MEETING OF THE ASSOCIATION OF MILITARY SURGEONS will be held in Atlanta, October 13, 14, 15 and 16. As judging from the present outlook, this meeting promises to be one of the most successful of this distinguished association.

According to an announcement in *The Military Surgeon*, an ably edited journal devoted to military affairs, delegates will be present from Portugal, Ecuador, Turkey, Mexico and England.

We have no hesitation in predicting that Atlanta and her physicians will extend to the military surgeons a most cordial reception.

## *Editorial.*

### DOCTORS OF MEDICINE AND THEIR RELATION TO LEGISLATION.

In this and some other States the time is near at hand for selection of representatives of the people to make new laws or repeal or amend old ones. From the earliest formation of our State government it has been too much the custom to have members of the legal profession largely represented, if not predominating, in both branches of our General Assembly. The result has been that many of our laws have been made rather in the interest of the lawyers than the people. Although we by no means would debar or disqualify our legal brethren from a seat in our legislative halls, as in the case with the clergy; we do think that it is high time for other of our citizens to take a greater interest in, and demand a larger representation in the law-making department of national, State and municipal government, and on none is this more incumbent than on the members of the medical profession.

We hold that our people have been laboring under an erroneous idea in that one having qualified himself to practice law is therefore the one best qualified to make laws. The lines of study to which both neophyte and he with skill, ability and well developed legal acumen, the result of much reading and wide experience mostly devotes himself are along the lines of knowing how to interpret the law after it has been made; and many a newly fledged "limb of the law" has been sent to the legislature who knows but little indeed as to what new laws are needed, or what old ones require amendment or repeal. They have not considered or studied the special needs and requirements of the merchant, the manufacturer, the mechanic, the farmer, the lumberman, transportation or the wide and progressive domain of medicine. With the steadily and rapidly increasing density of our population, with our greatly increased facilities of transportation, which the restless movement of our people in pursuit of business or pleasure taxes to its utmost, with our many diverse interests, the most important of all being health, there is no great work in process of development that is of greater and more vital importance than the advancement of medical science; not only in relieving pain, aiding in the cure of diseases and prolonging life in its highest degree of usefulness and enjoyment, but in the prevention of endemic and epidemic diseases.

That the people cannot and will not take proper care of themselves is more than demonstrated by the fact that many of the most important and valuable medical and sanitary measures which have been secured for their protection has been the result of continuous, patient and earnest work on the part of the medical profession, and which has at times met

with and overcome active and ardent opposition; and if medical men had not labored unceasingly and tirelessly to compel the adoption of laws for the prevention of disease and the care of the sick, our land would in many instances have been overwhelmed by pestilence and preventible diseases. Scarcely a single statute of national, State or municipal enactment in behalf of sanitation and public and personal hygiene that is not the result largely of earnest and untiring efforts of members of the medical profession, although only too often opposed by their fellow-citizens, who were so narrow minded, so bigoted, or so self-opinionated that they could not see or understand how it was that a doctor of medicine could be so active, earnest and energetic in reducing his chances of "business."

Reputable and honorable members of the medical profession have never striven for the acceptance of any particular scheme, any special or general measure, the enactment of which would result alone in their special betterment, their personal or professional aggrandizement; they have never labored to fasten upon any municipality, State or nation any peculiar system of "graft" in their own personal or professional interest; their aim has been to learn all that was possible about the conditions affecting health and disease, and how to apply this knowledge so that pain might be relieved, disease prevented or cured, wounds healed, physical and mental efficiency improved and life prolonged; and yet, along a number of lines their efforts have been opposed, their suggestions neglected, and it has been only by their persistent and patient efforts that the greater portion of sanitary legislation has been secured.

Only quite recently, during the prevalence of smallpox in the great city of Vienna—one of the greatest centers of medical lore—the mayor of the city, its municipal head, made a public statement that more people had died of vaccination than from smallpox; and although the local medical organization collected data and submitted them to the mayor, showing that not a single death and no serious injury had followed vaccination, he refused to retract his words or correct his statement.

We can remember quite well, that a little over thirty years ago (in 1877), after several years of patient, persistent and hard work on the part of representative members of the medical profession in this State, our legislature finally passed a bill creating a "State Board of Health," which, however, was well nigh emasculated by the failure of that legislature, a large number of whom were lawyers, to include in the "Bill of Appropriations" the necessary but limited amount asked for to organize and put into operation this much needed adjuvant to the welfare of our citizens. However, notwithstanding the dereliction of duty on the part of the legislature, earnest and sincere members of the medical profession, only one of whom is living at this date, accepted the appointment by the Governor, as members of the Board, meeting the necessary expenses and serving for two years without compensation, organized the Board and

kept it alive until another legislature could remedy the defect of the preceding one.

But these are only two among the many instances in which the medical profession has so disinterestedly, so unselfishly given both their time and labor in behalf of their fellow-man. The history of the last half century contains many instances in this broad land of ours in which medical men have so worked, notwithstanding the opposition or lack of support on the part of the people whom they most desired to benefit, and their duly elected and qualified representatives.

As a rule, physicians are to some extent indifferent politicians, and the best of them are not inclined to seek political preferment, their studies, their associations, their business relations, and their habits of life keep them more or less aloof from the stress and struggle of office seeking, and they are too prone to leave to others a part of their civic duties and obligations. Would it not be better, rather than as heretofore, to continue in our almost futile efforts to educate the people as to the needs of sanitary legislation and public health laws, and as to the grand objective of medical science, that we should as a mass, or, if you please, a body politic, demand a more adequate and appropriate representation in our legislative halls?

Granted that there were a few members of the medical profession in each General Assembly, and that some of them were able and competent men; but they have been too few and far between, not quite sufficient to "leaven the lump;" therefore, we would suggest that the local medical organizations in at least some of the larger and more populous centers take this matter in hand. If some of the county medical societies, such as Davidson, Shelby, Hamilton, Knox, Madison, Maury, and a few others would each select one of their members of fair ability, and as a body urge his election, we think a start in the right direction would be made. Surely in these organizations some capable and efficient member can be induced to sacrifice his time for the short period of a legislative session, and as surely, if the organized medical profession of one of these counties would unite on a suitable member to represent the medical profession, it would not be necessary for him to waste much of his time in a political canvas, as that could be accomplished by the members of the organization without loss of time, in their daily rounds of duty.

Admitting that medical organizations should not be political organizations, and never partisan, yet as citizens, doctors have an interest in legislative matters, and as doctors, have a better right to say who is the best and most suitable one to represent them and their clientele in medical legislation, can they not accomplish far better results by so utilizing their organization as to more successfully and satisfactorily discharge their civic duties?

In this suggestion we do not feel that we are assuming more for the members of these organizations than they are entitled to. The trouble

has been in the past, that some of those who have secured the position have sought it, and while in some instances we have had medical men of reasonably fair or above the average, representing their legislative districts, yet we know in some instances that physicians have been elected who could not have commanded the endorsement of the majority of their fellow men of standing in the profession in their respective sections. And then again, as we have stated, the medical profession has not been sufficiently represented in our legislative halls.

Such members of the local medical organizations who might be so selected to look after the interests of medical science as it is affected by or affects legislation, we feel confident would be so imbued with its grand principles and its splendid ideals, that personal matters would never be permitted to interfere with, or personal gain to sully the proud and honorable escutcheon the profession of their choice has so nobly won and so heroically borne in the past.

Among the first principles taught us well nigh half a century ago in connection with medicine was a favorite maxim of the late Wm. K. Bowling, M. D., of this city, viz.: "To medical men belong matters," and they surely should and do know more as to the kind and character of legislation that is most practical, and would yield most satisfactory results as affecting their clientele.

We learn from the *California State Medical Journal* of August, 1908, page 253, that the Governor of California has recently addressed a letter to the council of his State Medical Society, requesting that some of the members of that organization submit their names for election to the two branches of the legislature, in order that he may have representative and suitable advisers to confer with him in matters pertaining to medical legislation. It is too often the case that the average legislator will, either from ignorance or prejudice, favor the enactment of legislation detrimental to public health, or will oppose the adoption of policies for its protection; or, by a frivolous or illy considered resolution or amendment or a neglect of his duties, annul or emasculate important measures.

Rolling back the curtain of the centuries, to the time of "*The Preacher*" in "Old Testament" days, in conclusion, we will quote from the Son of Sirach, who said: "Honor a physician according to thy need of him with the honors due unto him; for verily the Lord hath created him.  
\* \* \* "The skill of the physician shall lift up his head; and in the sight of great men he shall be admired."

And yet again said Ben-Sirach: "Then give place to the physician, for verily the Lord hath created him; and let him not go from thee, for thou hast need of him. There is a time when in their very hands is the issue for good."

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A FINANCIAL "SIMILE."—The prudent financier always has, at his command, a reserve store of sound securities with which to meet the



demands of a period of monetary stringency. Likewise, the *healthy* individual maintains, in his vital bank account, a reasonably liberal balance of forceful energy, upon which he may draw during periods of physical stress and strain. When, however, the business man gambles with his capital, his financial reserve is often hypothecated and is thus unavailable in times of emergency. So it is with the man or woman who improvidently consumes the physical capital with which nature liberally endows the human organism. Too liberal and too frequent drafts deplete the vital store more rapidly than the normal deposits of force and energy are credited to the physical account. It is just at this period that the physician is consulted in his capacity as a physico-financial expert. Upon his advice, at this critical juncture, depends the vital solvency of the patient. The undue expenditure of energy must be checked: the vital assets must be conserved: timely deposits of negotiable funds must be entered to the credit of the impaired balance. The vital bank account of the depleted anemic, the over-tired, over-worked neurasthenic, the chronic dyspeptic, the exsanguinated surgical patient, the marasmic infant and the exhausted convalescent are all in need of such deposits of vital energy. As the round gold "coin of the realm" is the standard of financial value, so is the round hemoglobin-carrying, oxygen-bearing red corpuscle of the blood the circulating medium of all vital exchange and interchange. To avert an impending physical bankruptcy, there is urgent need for the adoption of prompt measures to increase the deposit of these necessary erythrocytes. Pepto-Mangan (Gude) quickly adds to the circulating medium, by constructing new red cells and reconstructing those that have retrograded because of over-drafts of force and energy. It increases the appetite, stimulates and encourages the absorption of blood-building nutritive material, augments the hematinic richness of the circulating fluid, increases the number and establishes the structural integrity of the corpuscular elements of the blood. It thus successfully plays the role of the depositor of vitality to the account of the patient who needs such essential additions to his or her physical credit.

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SAMUEL D. GROSS PRIZE ESSAY.—The Philadelphia Academy of Surgery announce that essays in competition for the Samuel D. Gross Prize fifteen hundred dollars will be received until January 1, 1910.

The conditions annexed by the testator are that the prize "Shall be awarded every five years to the writer of the best original essay, not exceeding 150 printed pages, octavo, in length, illustrative of some subject in surgical pathology or surgical practice, founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the competitor who receives the prize shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy

of Surgery, and that on the title page it shall be stated that to the essay was awarded the Samuel D. Gross prize of the Philadelphia Academy of Surgery.

The essay, which must be written by a single author in the English language, should be sent to the "Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 219 S. 13th St., Philadelphia," on or before January 1, 1910.

Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The committee reserves the right to make no award if the essays submitted are not considered worthy of the prize.

WILLIAM J. TAYLOR, M. D.,  
RICHARD H. HARTE, M. D.,  
DEFOREST WILLARD, M. D.,

*Trustees.*

Philadelphia, June 15, 1908.

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**ANTISEPTIC TREATMENT OF DYSENTERY.**—Dysentery is a local disease— inflammation of the lower bowel. Its rational treatment is by the most convenient route—by antiseptic high irrigation per rectum. The best agent for this purpose is a hot, copious, mild solution of Tyree's Antiseptic Powder. This should be repeated at frequent intervals, governed by the severity of the case. Other intestinal disorders are much benefited by the same treatment, by which the reabsorption of inflammatory exudates is prevented. Tyree's Antiseptic Powder, first introduced for treatment of inflammation of the vagina, has proved to possess remarkable healing powers for all mucous membranes. Sample with chemical and bacteriological analysis sent upon request. J. S. Tyree, Chemist, Washington, D. C.

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**SOUTHERN MEDICAL ASSOCIATION.**—The next annual meeting of the Southern Medical Association will be held in Atlanta, November 10, 11 and 12, 1908, and it may be confidently predicted that this will be one of the most successful meetings of this representative and growing association. The last meeting was held in Birmingham, Ala., where the following officers were elected: President, B. L. Wyman, Birmingham, Ala.; Vice-Presidents, W. P. McAdory, Birmingham, Ala.; H. M. Folkes, Biloxi, Miss.; Frank Watson, New Orleans, La.; G. R. Holden, Jacksonville, Fla.; Raymond Wallace, Chattanooga, Tenn.; A. L. Fowler, Atlanta, Ga. Secretary-Treasurer, Oscar Dowling, Shreveport, La. Counsellors, D. F. Talley, Birmingham, Ala.; Michael Hoke, Atlanta, Ga.;

John M. McDiarmid, DeLand, Fla.; W. W. Crawford, Hattiesburg, Miss.; W. W. Butterworth, New Orleans, La.; Geo. C. Savage, Nashville, Tenn. Section on Medicine, Chairman, Seale Harris, Mobile, Ala.; Secretary, H. E. Mitchell, Birmingham, Ala. Section on Surgery, Chairman, W. F. Westmoreland, Atlanta, Ga.; Secretary, J. L. Crook, Jackson, Tenn. Section on Ophthalmology, Chairman, J. F. Herron, Jackson, Tenn.; Secretary, A. B. Harris, Birmingham, Ala.

The railroads have granted excursion rates—one and one-third fare plus 25 cents, from all points embraced in the territory covered by this association. Tickets will be on sale November 7, 8 and 9, good until November 14, leaving Atlanta, with three days transit limit returning.

The published rate for the round trip from Nashville is \$11.65; Memphis, \$17.05; Knoxville, \$8.65; Chattanooga, \$5.65, etc.

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EDITORIAL CHANGE.—In the August number of our valued contemporary, *The Memphis Medical Monthly*, Dr. Richmond McKinney announces his withdrawal from editorial charge of the journal. This, we know, will cause regret on the part of its readers, as he has so successfully carried on the work since the death of our lamented friend, Dr. Sim. While we are glad to know that the requirements of his private practice has necessitated this movement, yet it is a loss to the editorial guild of medical editors, especially in the South. He will be succeeded by Dr. J. H. E. Rosamond, who will find it no little task to keep the *Monthly* up to the high standard so satisfactorily maintained in the past. However, he has the literary and professional qualifications as well as ambition and energy, and we heartily and cordially welcome him into the broad field of independent medical journalism. From his modest "salutatory" in the September number, we quote the conclusion, in which he says:

"The incoming editor feels that a confession of his ambitions and aspirations would perhaps appear too sophomoric. However, he has adopted Thoreau's little prayer:

'Great God, I ask Thee for no meaner pelf  
Than that I may not disappoint myself.'

"We promise our readers that at no time will any trace or hint of factionalism be permitted to enter our pages, and that at all times we will endeavor to be of practical help to the general practitioner."

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ANTIKAMNIA CHEMICAL COMPANY TO BUILD STRUCTURE TO COST \$75,000.—An improvement that will mean much to the section of Pine street just west of Twelfth street, St. Louis, was begun on September 1, where the Antikamnia Chemical Company, now located at 1624 Pine street, will erect at the northeast corner of Pine and Fourteenth streets, a five-story and basement building which will be used for manufacturing and commercial purposes. It will have a ground area of 81x109 feet, the latter frontage being on Fourteenth street, and will be constructed of brick and

concrete. It will be modern in every detail, being provided with sprinkler system, fast elevators, etc., and will cost in the neighborhood of \$75,000. The site has been owned by Mr. Frank A. Ruf, president of the company and a director in the Mercantile Trust Company, who has had it for the past seven years. The Antikamnia Company will occupy all of the new structure, the upper floors being used for a can and box factory. Its present quarters at 1624 Pine street are inadequate and the property on either side of it is so tied up that it cannot be secured to extend the building. On this account the company expects to give up the building at the expiration of its present lease, which has a year or more to run, and to make the structure at Fourteenth and Pine its headquarters.

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ECTHOL.—I am well pleased with effects of Ecthol in severe cases of blood poisoning; as an external remedy in all painful affections, especially rheumatic, as was demonstrated in the case of my wife, who was laid up in bed with a painful rheumatic affection of one of her feet, which after bathing and wrapping with Ecthol, to my surprise, was about the house again the next day. She swears by it, and will not allow me to be without it. I have also found it excellent in pruritus ani and erysipelas. I prescribed it through a druggist in Newburg, and have bought three bottles for myself. I am now using it in a case of ulcer in an old man, on the bottom of his foot, which is healing.

Meadowbrook, N. Y.

G. A. GORSE, M. D.

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PHILADELPHIA PHARMACY COLLEGE GIVES DEGREES.—For the first time in several years in this city the degree of Master of Pharmacy was conferred upon five distinguished men from different sections of the United States, who have attained distinction in the art of preparing medicines and drugs. Those who received this honor were Samuel W. Fairchild, of New York; Horatio Nelson Fraser, of New York; John F. Hancock, of Baltimore; S. A. D. Sheppard, of Boston, and William McIntyre, of Philadelphia.—*Evening Bulletin, Philadelphia.*

The Samuel W. Fairchild mentioned above is treasurer of the well known firm of Fairchild Bros. & Foster.—(Ed. S. P.)

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CHOREA.—Omitting those cases due to organic changes in the brain or cord, chorea may, in the vast majority of cases, be considered a manifestation of the "rheumatic diathesis." In fact, it often precedes or follows an attack of rheumatism, and this explains why Alkalithia, which is an ideal remedy for rheumatism, so promptly overcomes choreic movements. Keasbey & Mattison Co., Ambler, Pa.

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PHILLIPS' PHOSPHO-MURIATE OF QUININE COMPOUND.—This preparation supplies the necessary elements required for phosphatic nutrition, and is applicable to a large class of pathological conditions. It is particularly

recommended as a tonic for the nervous system, and to stimulate the digestive functions. In pulmonary disorders, anemia, fevers, convalescence, and diseases due to malarial poisoning its action is prompt. In exhaustion and debility, especially in the spring and summer, Phillips' Phospho-Muriate of Quinine will be found especially valuable.

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PHYSICIANS, ATTENTION.—Drugstores and drugstore positions anywhere desired in United States, Canada, or Mexico.—F. V. Kniest, Omaha, Neb.

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THE NEW YORK ACADEMY OF MEDICINE announces that a prize of one thousand dollars will be awarded to the author of the best essay upon the subject, "The Etiology, Pathology and Treatment of the Diseases of the Kidney," to be presented before October 1, 1909. The competition is open to the medical profession of the United States. Particulars may be obtained by addressing the Academy.

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H. V. C.—The success which attends the conjunctive employment of Viburnum Opulus, Dioscorea Villosa and Scutellaria Lateriflora as presented in Hayden's Viburnum Compound for the treatment of diseases of women, is due as much to the quality of each individual drug as it is to their proper proportioning; hence, it is seldom, if ever, possible to secure ideal results by the extemporaneous combining of such specimens as are procurable in the open market.

If it has once satisfactorily served you in your practice, it will do so again, provided you prescribe the original H. V. C. and see that a substitute is not administered.

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"ROBINSON'S LIME JUICE AND PEPSIN" is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. (See advertising page 17, this issue.) See remarks on their Arom. Fluid Pepsin, also.

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## **Reviews and Book Notices.**

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*Fun in a Doctor's Life; Numerous Short Stories, Essays, and Adventures of An American Don Quixote.* By Shobal Vail Clevenger, M. D., Author of Comparative Physiology and Psychology, Medical Jurisprudence of Insanity, Evolution of Man and His Mind, Spinal Concussion, Materia Medica and Practice, etc., etc.; 8 vo., cloth, pp. 291. Price, \$1. Evolution Publishing Co., Atlantic City, N. J., Publishers.

This is a very interesting autobiography of Dr. Clevenger, and contains many entertaining and graphic delineations of remark-

able incidents in a more than usually active, strenuous and vicissitudinous life as a young emigrant, shipping clerk in earlier days of St. Louis in a steamboat store, surveyor in the then unknown West when it was both "wild and wooly," medical student and practitioner in Chicago, soldier, scientist, and alienist of more than ordinary ability, and author.

As a brief abstract of the sparkling mental menu Dr. Clevenger has tendered may be mentioned the following:

Amusing incidents in wildernesses and mountains of the Far West before the days of railroads and telegraphs; among Indians, Mexicans, French-Canadians, buffaloes, highwaymen, gold hunters, frontier forts; in the army during the Civil War, and later as a government surveyor and finally as a physician and inventor; laughable experiences in cities, prairies, hospitals, colleges, sanitariums, court-rooms, and in general practice; among cultured and ignorant, civilized and savage; quaint old New Orleans, the Indian trading village St. Louis, and Chicago in early times with a couple of hand-turned bridges; and thirty years' fun in fighting grafters as Chicago mushroomed to two million.

A TREATISE ON THE PRINCIPLES AND PRACTICE OF GYNECOLOGY, by E. C. Dudley, A.M., M.D., Professor of Gynecology in the Northwestern University Medical School, Chicago. Fifth edition, thoroughly revised. Octavo, 806 pages, with 431 illustrations, of which 75 are in colors, and 20 full-page colored plates. Cloth, \$5.00, net; leather, \$6.00, net; half-morocco, \$6.50. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

Ability to live and thrive despite competition indicates a strong book. Professor Dudley's *Gynecology* answers this test fully by coming out in a new edition, the fifth in ten years. This decade has been most productive in the literary sense, but *Dudley's* competitors, excellent though they be, only add to its lustre. Dr. Dudley was first to see the advantage of presenting gynecology along natural lines of cleavage, by causes, rather than regions. With the cause or nature of a disease in mind, the reader can readily follow it to any region it may invade, and understand and treat it, but the labyrinth cannot be so easily traversed the other

way. He thus displayed and simplified gynecology as had not been done before, and his book was quickly appreciated, both by professors for their students' use and by practitioners for their own. It grew in favor, and some years ago the author gave it further impetus and distinction by making all its abundant illustrations original, each drawn for its special place and purpose, and therefore exactly fit. He also saw his reader's advantage in showing him the steps of operations, a clinic on paper, and better than a clinic, because the details could be studied at leisure. Now Dr. Dudley again responds to popularity by bringing out a new edition, thoroughly revised to date, with everything obsolete in text or picture eliminated, and with still more original drawings added. It is the strongest issue yet of a very strong book.

*The Cure of Rupture by Paraffin Injections.* By Charles C. Miller, M. D. Comprising a description of a method of treatment destined to occupy an important place as a cure for rupture owing to the extreme simplicity of the technic and its advantages from an economic standpoint. 12 mo., cloth, pp. 82. Published by the Author, 70 State St., Chicago. Price, prepaid, \$1.

For those who do not wish to resort to the more heroic method of treating hernia by operative measures, the author of "Cosmetic Surgery" has given some very plain, practical and concise directions as to the use of paraffin. He claims for it that it does not require the aid of an anesthetic; it is applicable in the physician's office; and its simplicity; and includes ten very interesting clinical reports of cases.

*The Baby; Its Care and Development.* For the Use of Mothers. By Le Grand Kerr, M. D., Author of "Diagnostics of the Diseases of Children." Professor of the Diseases of Children in the Brooklyn Post-Graduate Medical School; Attending Physician to the Children's Department of the Methodist Episcopal (Seney) Hospital; Visiting Physician to the Children's Wards of the Williamsburgh Hospital, and of the Swedish Hospital in Brooklyn, N. Y., etc. 12 mo., cloth, pp. 160, 21 illustrations. Price, \$1, net. Sent postpaid on receipt of the price by the publisher. Albert T. Huntington, 1265 Bedford Ave., Brooklyn, New York, Publisher. 1908.

The need of a book to serve as a guide to mothers in the rearing of young children is apparent. Of several books on this subject

we believe that Dr. Kerr's new book, "The Baby: Its Care and Development," best fills this need. The book is practical, not theoretical, and is designed primarily for the use of mothers and to secure their intelligent co-operation with the physician.

*General Surgery; A Presentation of the Scientific Principles Upon which the Practice of Modern Surgery is Based.* By Ehrich Lexner, M. D., Professor of Surgery, University of Königsberg, American Edition. Edited by Arthur Dean Bevan, M. D., Professor and Head of Department of Surgery, Rush Medical College, in Affiliation with the University of Chicago; an authorized Translation of the Second German Edition, by Dean Lewis, M. D., Assistant Professor of Surgery, Rush Medical College, Pp. 1041. Eight vo., cloth, with 449 illustrations, partly in color, and two colored plates. 1908. D. Appleton & Co., Publishers, New York and London.

This is a splendid translation of the last edition of Dr. Ehrich Lexner's "Text Book of Surgery," to which considerable new matter has been added by the very able and accomplished editor, Dr. Bevan, of Chicago, who makes a preference of dividing the subject of surgery into "General and Special Surgery," rather than the usual English and American plan of "The Art and Science and the Principles and Practice of Surgery." This splendid volume being devoted to the "Principles" or General Surgery.

Practitioners who are interested in surgery will find great interest and profit in studying this work. The advances have been so great and so rapid in the last few years that it has been difficult for the surgeon engaged in practice to keep fully abreast of the increasing developments. "As an example," says the editor in his preface, "one might mention the significance and importance of infection and immunity, and the application of this knowledge to surgery;" which Dr. Lexner has presented in a most clear, concise and practical manner. This English translation will afford those who do not read German with ease and facility a most complete and practical presentation of the present status of the science of surgery, a department in which our German colleagues excel.

Special attention is called to the chapter on Blastomycosis, written by Dr. Oliver Ormsby; the chapters by Dr. Rosenow, on



Blood Examinations in Surgery; and also on Opsonins and the Wright vaccination treatment being a distinct addition to this American edition; as is the abstract of Dr. George Crile's recent work on Direct Transfusion of Blood.

Many of the original illustrations found in the German work have been retained, to which have been added a number of plates from the clinics of Drs. Bevan and Lewis.

Not only the American surgeon but the practitioner of medicine will find this a most valuable work of reference, and we can confidently anticipate its adoption as a "text-book" by our most progressive medical schools and colleges.

The publishers have spared no pains in the mechanical execution of so valuable an addition to current surgical literature.

ANATOMY, DESCRIPTIVE AND SURGICAL, by Henry Gray, F. R. S., late lecturer on Anatomy at St. George's Hospital, London, New American edition, enlarged and thoroughly revised, by J. Chalmers Da Costa, M.D., Professor of Surgery and Clinical Surgery, and Edward Anthony Spitzka, M.D., Professor of Anatomy, in the Jefferson Medical College of Philadelphia. Imperial octavo, 1625 pages, with 1149 large and elaborate engravings. Price, with illustrations in colors, cloth, \$6.00, net; leather, \$7.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

Perhaps no department in medicine is, in a literary sense, more richly supplied than anatomy. As the student must begin with it and the practitioner must continue with it till the end, the demand is large, and nothing less could justify the great expense of creating a major work, with its requirement of immense illustration. Henry Gray, fifty years ago, evinced the boldness of his genius in producing an original work so novel and so far in advance in matter and method, both in text and engravings, that it leaped to the front and established itself as an institution, a unique position for a book. Generally it is easy to improve on a model, but "Gray" has proved the exception. It is the quality of genius to defy analysis and imitation. Gray manifested his genius both in a text of inimitable didactic power and in a series of equally masterly illustrations. His invention of placing the names of the parts directly on them was in itself a great one, and at once

removed the former difficulties of toilsomely looking for them at the ends of lines, or, what is worse, finding merely reference letters explained somewhere else. It costs vastly more to cut the names on the body of an engraving, but it is worth while for the reader's sake, especially if he has to pay no more for the advantage. That the concentration of demand would justify this was Henry Gray's bold forecast, and he was right. It brought about another advantage scarcely less important, namely, the possibility of frequent editions, a necessity in so progressive a subject. Here again the barrier of expense can only be crossed by a work able to subdivide it by unexampled sales. "Gray" proves all these qualification at once by coming to seventeen editions in its first fifty years, and it now enters upon its second half-century stronger and better than ever. This new edition is the best of all the line. It has been thoroughly revised, every page bearing alteration and improvement, and the whole section on the Nerve System has been rewritten in conformity with recent revolutionary changes in methods of approaching and viewing it. Professor Spitzka, who has done this section, has made the subject a special field of study, and to the qualifications of an anatomist of the first rank he adds the skill of an artist as well, so that his own hand conveys his knowledge directly to the eye of his reader. Professor Da Costa is both an anatomist and surgeon, and the editorial combination therefore unites what is required for the revision of a work on this subject. The use of colors is another valuable aid initiated by "Gray," and it is developed even further than before in this new edition.

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### *Selections.*

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THE BLOOD-PRESSURE IN ECLAMPSIA AS AN INDICATION FOR TREATMENT.—In the *University of Pennsylvania Medical Bulletin* for May, 1908, Davis draws the following conclusions: In all cases of eclampsia there is a marked elevation of blood-pressure. Under treatment where a fall in blood-pressure is noted there is also seen a fall in the amount of albumin. The most efficient agencies for reducing blood-pressure have been

# Bacterial Vaccines

## The Practical Application of the Opsonic Theory.

Recognizing the therapeutic possibilities in the new Opsonic treatment, two years ago we sent one of our research bacteriologists to the laboratories of Sir A.E. Wright (in London) to study at first hand the subject of vaccine production. Since that time we have supplied large quantities of the various bacterial vaccines to clinical experts in this country with a view to determining their value as therapeutic agents, stipulating that the physicians advise us as to the results of their experience. In this way we have collected a mass of information concerning the utility of these products which demonstrates that, in properly selected cases and in competent hands, they yield good and at times brilliant results. (In improper cases, or in incompetent hands, the effects may be negative or even harmful.) Professor Wright believes that the question of Opsonic therapy has reached such a state as to warrant offering bacterial vaccines to the medical profession, and at his request our London house has undertaken to market in Great Britain and on the Continent of Europe the vaccines prepared in his laboratories; to the medical profession of America we will supply similar products from our own laboratories, as noted below:

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**Albus** (*Staphylococcus Pyogenes Albus*).

**Aureus** (*Staphylococcus Pyogenes Aureus*).

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Applicable in the treatment of the chronic conditions following acute gonorrhea. Prepared from virulent cultures of gonococcus. Sterilized by heat and ready for use. Bulbs of 1 Cc., 4 bulbs in a package.

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